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ABSTRACT

Since adolescent depression has become more frequently recognized, its manifestations need to be identified. To explore cognitive-perceptual distortions in depression as a function of generational (adolescent vs. adult) differences, 25 adult and 25 adolescent female inpatients diagnosed as depressed were administered the Beck Depression Inventory (BDI). For the adolescents, BDI variables predictive of depression were self-dislike, sense of failure, social withdrawal, and body image distortion. For the adults, predictive variables were self-dislike, sense of failure, work retardation, and lack of satisfaction. Adolescent female depressives were differentiated from the total sample on the basis of four BDI items: suicidal wishes, sense of failure, anorexia and body image distortion. Adults were differentiated from the total sample on the basis of seven items: insomnia, fatigability, loss of libido, sense of guilt, weight loss, somatic preoccupation and pessimism. Adult depressed females presented an internalized, ruminative focus on their cognitive perceptual distortions, while adolescent depressed females presented an externalized focus. These findings suggest that group treatment methods may prove efficacious in the treatment of adolescent depressives. (Author/NRB)

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Cognitive-Perceptual Distortion in Depression as a Function of Generational Differences

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Cognitive-Perceptual Distortion in Depression As A Function of Generational Differences

Depression in adolescence has become more frequently recognized during the past several years (Berlin, 1980). One study (Evans and Acton, 1972) demonstrated that over half of the adolescents who presented themselves for psychotherapeutic treatment were depressed. Toolin (1971) has suggested that "we have to cease thinking in terms of adult psychiatry and instead become accustomed to recognizing the various manifestations by which depression may be represented in younger people" (p. 359). The present study was undertaken in an attempt to do so in terms of Beck's (1967, 1974) cognitive theory of depression.

Beck (1967, 1974) has hypothesized that depressive individuals have developed a cognitive schema that involves a negative bias toward themselves, their world, and their future. Beck (1967, 1970) has also noted specific cognitive distortions that depressive individuals are likely to engage in, such as selective abstraction, arbitrary inference, overgeneralization, minimization of positive events and assets, and maximazation of the negative.

Cognitive-perceptual distortions have also been demonstrated in normal, nonpathogenic individuals. Elkind (1970) has shown that the adolescent in the normal course of his/her cognitive development may show cognitive-perceptual distortions. An example of such a distortion is what Elkind

(1970) terms "the imaginary audience" (p. 67). This term emphasizes the adolescent's tendency to perceive him/herself as the focus of the attention of others around him/her. Elkind calls this audience imaginary since the adolescent is not typically the focus of others' attention. The imaginary audience idea has proven useful in attempting to explain the "extreme self-consciousness of the adolescent" (Fein, 1978, p. 450). Although these adolescent distortions are not directly related to the cognitive-perceptual distortions described by Beck (1967, 1974) they do suggest that differential cognitive-perceptual experience exists across generations in the normal, nonpathological population.

This study was undertaken in order to explore the cognitive-perceptual distortion in depression as a function of generational, i.e. adolescent vs. adult, differences. It is hypothesized that adolescent female depressives will indicate specific cognitive-perceptual distortions as a function of their cognitive developmental level, distortions which are different from adult female depressive distortions.

Method

Subjects

On the basis of psychiatric diagnosis, a depressive sample consisting of 25 adult and 25 adolescent females was randomly selected from individuals who were inpatients at Pine Rest Christian Hospital over a six month period. The adolescent females ranged in age from 13-17 years, while the adult females ranged in age from 21-55 years. Subjects were tested within 10 days of admission to the hospital.

Procedure

All participants were individually administered the 21-item Beck Depression Inventory (Beck, 1967), a multiple choice self-report measure of cognitive, affective, behavioral and somatic aspects of depression.

Results

Adolescent Depressive Sample

The adolescent mean depression score on the Beck Depression Inventory (BDI) was 22.24 (SD =9 32). The average age of this sample was 16.0 years with a range of 13-17 years.

A multiple regression function was employed to determine significant predicting variables of depression for the adolescent depressive sample. Table 1 indicates that 4 of the possible 21 variables present in the BDI were found to be significant predictors, namely self-dislike, sense of failure, social withdrawal, and body image distortion. Together these predictors yielded a multiple regression coefficient of .95.

Insert Table 1 about here

Adult Depressive Sample

The adult mean depression score on the BDI was 22.60 (SD = 10.29). The average age of this sample was 36.6 years, with a range of 21-54 years.

A multiple regression function was employed to determine significant predicting variables of depression for the adult depressive sample. Table 2 indicates that 4 of the possible 21 variables present in the BDI were found to be significant, namely self-dislike, sense of failure, work retardation, and lack of satisfaction. Together these predictors yielded a

multiple regression coefficient of .95.

Insert Table 2 about here

Discriminant Function Analysis for the Adolescent and Adult Depressive Sample

In order to assess the differences between the two groups, a discriminant function analysis was utilized. Using a minimum F ratio of 1.0 as the criterion for item entry into a stepwise selection, an .1-variable function was derived with Wilk's lamda = .367, F = 42.58, df = 2, 11, $p. < .001$ and a canonical correlation of .79. The probability of correct classification by age group (adolescent vs. adult) using the discriminant function was .88.

Table 3 indicates items and discriminant function coefficients for the total depressive sample. Inspection of this table indicates that adolescent female depressives were discriminated from the total sample on the basis of 4 of the 21 BDI items, those being suicidal wishes, sense of failure, anorexia and body image distortion. Similarly adult female depressives were discriminated from the total sample on the basis of 7 of the 21 BDI items, namely insomnia, fatigability, loss of libido, sense of guilt, weight loss, somatic preoccupation and pessimism.

Insert Table 3 about here

Discussion

On the basis of the results of the present study, the question of whether differences in depressive symptomatology do, in fact, exist between

adolescent and adult depressive females has been answered affirmatively. The symptomatology of adolescent female depressives is differentially characterized by suicidal wishes, a sense of failure, anorexia, and body image distortion. The symptomatology of adult female depressives is differentially characterized by insomnia, a sense of guilt, loss of libido, somatic preoccupation, fatigability, weight loss, and pessimism.

Analysis of the differential patterns indicates a relatively internal focus of depressive symptomatology for adult female depressives. The sense of guilt, pessimism, and insomnia combined with somatic preoccupation suggests an internalized, ruminative character to depression experienced by adult female depressives. However, the symptomatology characterized by feelings of being perceived as unacceptable, revolting, or ugly as well as appearing as a failure along with the desire to do away with one's existence suggests an external focus to the symptomatology characterized by adolescent female depressives. The anorexia characteristic of adolescent female depressives may relate to the urge to lose weight and in some way salvage their physical appearance.

These results appear to coincide with annecdotal evidence of the symptomatology of depressed adolescents. Giovacchini (1980) suggests that the issue of identity appears important in understanding the depressed adolescent. The depressed adolescent has been described as exhibiting a confused self identity "a feature not often encountered in adult depressives. He (the depressed adolescent) feels unworthy and unlovable; he often complains of feeling isolated" (Toolin, 1971, p. 367).

Research has suggested that adolescents who have had difficulty developing a firm sense of identity tend to be more dependent upon external events (Schenkel, 1975, Waterman, Beubel, and Waterman, 1970). Thus the depressed adolescent may be particularly susceptable to his perceptions of the behavior and opinions of others in developing his/her self perceptions.

This latter statement suggests that the unique symptomatology expressed by the adolescent female depressives in this study may indicate an exacerbation of cognitive-perceptual distortions already evident among the adolescent population as a whole (Elkind, 1970). Thus, the imaginary audience may become an even more important factor in the development and maintenance of the depressed adolescent's self perception.

This conclusion also coincides with annecdotal evidence of the unique symptomatology of adolescent depressives. "Perhaps there are inherent crises during this developmental stage (adolescence), but these are more evident in youngsters who become depressed" Giovacchini, 1980, p. 2709). Thus the depressed adolescent may more clearly demonstrate an identity crisis which results in their demonstrating the cognitive-perceptual distortions typical of adolescents, but in an extreme form.

These results have implications for differential therapeutic strategies for adolescent versus adult female depressives. The internalized focus of depressive symptomatology charateristic of adult female depressives suggests an emphasis be placed upon individual psychotherapy with a focus on the ruminative content of the individual patient. However, given the external-

ized focus of depressive symptomatology characteristic of adolescent female depressives, it appears appropriate that an emphasis be placed upon a group psychotherapy with a focus upon externalized locus of depressive symptomatology. It may be the case that aiding the depressed adolescent in developing social skills and an increasingly accurate awareness of his/her own stimulus value may be greatly facilitated in a group psychotherapy setting and may aid in combating the adolescent depressive's cognitive-perceptual distortion of his/her world, self and others.

It is important to note, however, that significant similarities exist with regard to the depressive symptomatology expressed by adolescent and adult female depressives. The results of this study indicate that, for both adolescent and adult female depressives, self-dislike and a sense of failure served as significant predictors of the total BDI score. Thus it may be the case that a sense of dislike and a sense of failure may serve as unifying wymptoms of depression across the adolescent and adult generations.

Finally, it must be noted that this study utilized females only as subjects. Cross validation and further research are necessary before these results can be generalized to the population of female depressives or to depressives generally. This last point is particularly true since research evidence has demonstrated significant differences in depressive symptomatology between adult male and adult female depressives (Hammen and Padesky, 1977). Certainly more research is needed in this area. Additional research may also aid in further delineating differences within developmental stages, e.g. early vs. late adolescence, early vs. middle adulthood. Such research appears to be potentially quite fruitful.

References

Beck, A. T. Cognitive therapy: Nature and relation to behavior therapy. Behavior Therapy, 1970, 1, 184-200.

Beck, A. T. Depression: Causes and treatment. Philadelphia: University of Pennsylvania Press, 1967.

Beck, A. T. The development of depression: A cognitive model. In R. J. Friedman and M. M. Katz (Eds.), The psychology of depression: Contemporary theory and research. New York: J. Wiley, 1974.

Berlin, I. Psychiatry and the school. In H. Kaplan, A. Freedman, and B. Sadock (Eds.), Comprehensive Textbook of psychiatry (Vol. 3). Baltimore: Williams and Wilkins, 1980.

Elkind, D. Children and adolescents: Interpretive essays on Jean Piaget. New York: Oxford University Press, 1970.

Evans, J. and Acton, W. P. A psychiatric service for the disturbed adolescent. American Journal of Psychiatry, 1972, 120, 429.

Fein, G. Child development. Englewood Cliffs, N. J.: Prentice - Hall, 1978.

Giovacchini, P. L. Psychiatric treatment of the adolescent. In H. Kaplan, A. Freedman, and B. Sadock (Eds.), Comprehensive Textbook of psychiatry (Vol. 3). Baltimore: Williams and Wilkins, 1980.

Hammen, C. L. and Padesky, C. A. Male and female depression. Journal of Abnormal Psychology, 1977, 86, 609-614.

Schenkel, S. Relationship among ego, identity status, field independence, and traditional femininity. Journal of Youth and Adolescence, 1975, 4, 73-82.

Toolin, J. M. Depression in adolescence. In J. G. Howells (Ed), Modern perspectives in adolescent psychiatry. New York: Brunner/Mazel, 1971.

Waterman, C. R., Beubel, M. E. and Waterman, A. S. Relationship between resolution of the identity crisis and outcomes of previous psychosocial crises. Proceedings of the 78th Annual Convention of the American Psychological Association, 1970, 5, 467-468.

TABLE 1

Multiple Regression for Adolescent Female Depressives

Items Included*	Multiple R	R Square	Simple R
Self Dislike	.733	.538	.733
Sense of Failure	.903	.815	.732
Social Withdrawal	.935	.874	.368
Body Image	.952	.907	.533
			(n = 25)

Note: The following items do not appear in the function: Sadness, pessimism, lack of satisfaction, guilty feelings, sense of punishment, self-accusations, suicidal ideas, crying spells, irritability, indecisiveness, work retardation, insomnia, fatigability, anorexia, weight loss, somatic preoccupations and loss of libido.

* - Item descriptions are from Beck (1967, p. 189)

TABLE 2

Multiple Regression for Adult Female Depressives

Items Included*	Multiple R	R Square	Simple R
Self-Dislike	.830	.689	.830
Sense of Failure	.897	.804	.829
Work Retardation	.935	.874	.340
Lack of Satisfaction	.952	.906	.617

(n= 25)

* - Item descriptions are from Beck (1967, p. 189)

TABLE 3

Items and Standardized Discriminant Function Coefficients for the Total Sample

Items Included[a]	Coefficient[b]	F[c]
Insomnia	-.571	8.35
Sense of Failure	.559	3.44
Suicidal Wishes	.546	13.35
Sense of Guilt	-.380	3.07
Loss of Libido	-.328	4.34
Somatic Preoccupation	-.324	1.82
Fatigability	-.284	5.41
Weight Loss	-.277	2.31
Anorexia	.259	1.24
Pessimism	-.221	1.15
Body Image	.192	2.63

(N = 50)

[a]Item descriptions are from Beck (1967, p. 189)

[b]Adult female depressive means are greater on those items with negative coefficients, while adolescent female depressive means are greater on items with positive coefficients.

[c]The partial multivariate F ratio is a stepwise test of the discriminatory power of items. All items are significant at $p < .001$.